


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001661 1. Entity Name AMBATH LLC	
----------------------------------------------------------------	-----------------------------------------------------------------------------------



07142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 26-0025575	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
-----------------------------------------------------------	-----------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANDERS, DAVID G 1055 S. COUNTRY CLUB DRIVE MESA, AZ 85210
----------------------------------------------------	-----------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

U00000168922
08/02/04-80003-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/14/04 480-844-2596
Date Daytime Phone #